Practitioner's Docket No. BOMDENUS

Preliminary Classification:
Proposed Class: 433

Subclass: 118

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): M. William Bowsher

For (title): ORAL HYGIENE APPARATUSES

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

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37 C.F.R. Section 1.8(a)

37 C.F.R. Section 1.10*

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Signature

Thomas P. O'Connell

(type or print name of person certifying)

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"Since the filing of correspondence under [Section] 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will **not** be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(New Application Transmittal--page 1)

10/810245 10/810245

1. Type of Application

This transmittal is for an original (nonprovisional) application.

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application
- 42 Page(s) of Specification
- 12 Page(s) of Claims
- 24 Sheet(s) of Drawing(s)—Informal

B. Other Papers Enclosed

- 3 Page(s) of Declaration and Power of Attorney
- 1 Page(s) of Abstract

3. Additional Papers Enclosed

Information Disclosure Statement (37 C.F.R. 1.98) with PTO/SB/08 and Citations

Application Data Sheet

4. Declaration or Oath

Enclosed and Executed by all Inventors.

5. Inventorship Statement

The inventorship for all the claims in this application is the same.

6. Language

English

7. Fee Calculation (37 C.F.R. Section 1.16)

Total Fees Enclosed

Regular Application

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.166 \$770.00
Total Claims (37 CFR 1.16(c	e)) 63	- 20 =	43 x	\$18.00	\$774.00
Independent Cla (37 CFR 1.16(b		- 3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claim(s), if any + \$270.00 (37 CFR 1.16(d))					\$0.00
Filing Fee Calculation					\$1,544.00
	Entity Statement(s		C.F.R. Sections 1.9 a	nd 1.27.	
Filing Fee Calculation (50% of above)					\$772.00
9. Fee Pa	yment Being Mad	e at This Time			
Enclosed Filing Fee					\$772.00

\$772.00

10. Method of Payment of Fees

Check for \$772.00 in payment of the Basic Filing Fee.

11. Instructions as to Overpayment

Refund.

12. Relate Back

Please amend the specification by inserting, before the first line, the following sentence:

A. 35 U.S.C. § 119(e)

"This application claims the benefit of U.S. Provisional Application No.:

APPLICATION NO.

FILING DATE

60/457,433

03/25/2003."

Thomas P. O'Connell Reg. No. 37,997

O'CONNELL LAW OFFICE

Customer No. 20738